

Teething Problems: Legitimation Strategies in Controversies in Youth Care Transformation

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Abstract

While scholars have focused on legitimation strategies and power relations within the boundaries of organizations, there is still a lot to discover about strategies within public policy transformation. This paper focuses on the transformations in the Youth Care system in the region of Twente, that took place in 2015 and 2019. The ‘Grammar of Legitimation’ is used in a qualitative study to the strategies that are used for the (de)legitimation of action and opinion within the three major controversies that emerged within the transformations: the existence of market forces within the Youth Care system; the effects of transformation; and the development towards a second transformation. It was found that the most prominent legitimation strategies used were moral evaluation and rationalisation, also evidence of exemplification was found. Additionally, an exploratory research was conducted to investigate the potential for a connection between legitimation strategies and knowledge boundaries. It was determined that knowledge boundaries are created by novelty and evidence was found that rationalisation is used to create common knowledge and therefore can be used as a strategy to overcome knowledge boundaries. This research contributes to current literature by providing additional knowledge into the subject of transformation and legitimation strategies, which is valuable for policy makers when designing a transformation.

Keywords: Transformation; Youth Care; Knowledge Boundaries; Legitimation; Power Relations; Controversies

1 Introduction

Changing economic, demographic and technological developments, require the restructuring and transformation of policies in the healthcare systems. Transformation is a complex system of changes and while it often brings positive results regarding effectiveness, the implementation of major changes is generally accompanied by severe consequences for all stakeholders, such as clients, care providers and the lawful authority, within the healthcare system. Especially when it concerns Youth Care transformation, and vulnerable children in difficult situations (mentally or circumstantial) are being affected. Considering transformations of law, governments have to reach decisions, while keeping in mind the well-being and stakes of the parties involved. Deviation concerns of stakeholders result in conflicts of interest that require multilateral negotiations to dissolve. Innovation cannot be implemented without considering what is best for all parties and how to decide in everybody’s best interest, and controversy and boundaries of knowledge will arise everywhere that people engage in innovation. Adjustments in the organisation of social care might create more efficient and economically profitable conditions, but could very much have a disadvantageous effect on the public covered by the

care system. It is therefore meaningful to look into such controversies that evolve from change. Evaluating how the different actors interact within dispute and how they confront each other (or hold back from confrontation) can, ultimately, create a understanding of why an implemented innovation is either successful or has failed. The acquired information about party-interaction can, in its turn, be utilized as a basis for the future development of new policies and implementation of new innovation.

Although critical scholars have put research into understanding how legitimation struggles and power relations play out in an organisational transformation and innovation (Erkama, 2010; Erkama and Vaara, 2010; Mørk et al., 2012) there is still more to discover about the controversies and legitimation strategies utilized in governmental policy reforms, that goes deeper than the relevance of public participation (Martin, 2008). This research aims to unfold the power relations between the different stakeholders in the emerged controversies surrounding the transformation of the Dutch children and youth care system, as well as the dynamics within these relations. By including several years after implementation and zooming in on the adaption of several stake-

holders to the new system, thereby creating a new set of regulations, this paper aims to answer the question: *How do different stakeholders use legitimization strategies to validate their actions and opinions in controversies within the existing power relations in Youth Care transformation?*

Furthermore, this paper takes the first steps of an exploratory study into the relationship between knowledge boundaries and legitimization strategies. If there appears to be a connection between the two concepts, that are both key concepts in the areas of transformations and innovation, and an indication that knowledge boundaries are accompanied by specific legitimization strategies, this could offer additional information into the literature on the dynamics of transformation. Understanding how knowledge boundaries relate to legitimization strategies can help policy makers determine how to achieve legitimization of transformation and, vice versa, help antagonists build their delegitimation. The preliminary results of the paper on the subject, can be utilized to examine the potential for more extensive research into the subject.

This paper is structured in the following way: First, the current literature on the concepts of legitimization strategies, power relations, and knowledge boundaries will be presented. These concepts will then be combined in a conceptual model. Then the used methods will be described, including an overview of the cases of the transformations within Youth Care in 2015 and 2019 in the fourteen municipalities of the region of Twente. After that, the findings and results will be analysed followed by the conclusion and discussion, in which the implications, limitations and possibilities for future research will be discussed.

2 Theoretical Framework

2.1 Power Relations and Resistance

According to Foucault (1980), power is always present and exerting force on social interaction. From this statement can be deducted that every relation, formal or informal, is a power relation and every individual exists within one or more power relations. As long as there is interaction between people, being it as an individual or group, there is power (Spicer, 2013). Instinctively, the concept of power evokes a negative emotion and a feeling of inequality. One of the first scholars that attempted to grasp the definition of power, and who supported this perspective, was Dahl (1957). Dahl characterized power as follows: “A has power over B, to the extent that he can get B to do something that B would not otherwise do” (Dahl, 1957, p. 202) and that power can be characterized in terms of the source, means, amount and scope. However, other scholars argue that power

relations should not be viewed as a black-and-white structure consisting of superordinates and subordinates, but as an interaction between parties. Furthermore, there exist various perspectives on power that explain different mechanisms (Foucault, 1980; Chan, 2000; Kärreman and Alvesson, 2009). Current literature distinct three major perspectives on power. The first views power as a restraining force and therefore is also described as ‘power over’ (Berger, 2005; Kärreman and Alvesson, 2009). This characterisation is in line with Dahl’s attitude that a dominant group controls, makes decisions and instructs others to act in ways they otherwise would not. A second view on power is ‘power with’-relationships or social power (Lukes, 2004; Berger, 2005; Kärreman and Alvesson, 2009). In this view, power is a construct that is established through negotiation and taking into account different interests by inclusion of several parties, and requires relationship formation. Interaction and dialogue are two key words in this context. A third and last perspective on power, is power as an enabling force or ‘power to’ (Chan, 2000; Berger, 2005; Kärreman and Alvesson, 2009). It allows the actors to exercise power to undertake activities in their own interest. This form of power can be observed as a manner of resisting dominance, whereby several approaches, processes and resources are allocated to be used to respond to decisions from authorities. Where there is power, no matter what form, there is a reaction to power. A ‘dominated’ group can have several strategies for reacting to power, depending on the source or means and the groups opinion towards these elements. This group can either obey, consent or resist to new policies and managing these mechanisms is viewed as an important matter in organizing change (Kärreman and Alvesson, 2009). Especially resistance is risky to manage, since it occurs in different patterns, and can create precarious situations when handled inappropriately (Foucault, 1980; Carr and Brower, 2000). Nevertheless, power and resistance go hand in hand and scholars differ in opinion which creates a chicken and egg situation. For example, Kärreman and Alvesson (2009) view resistance as an active and selective response to power and that resistance itself can evoke another response called hegemony, while Fleming and Spicer (2008) support the idea that power is a response to already existing resistance. We can conclude that power and resistance cultivate each other.

2.2 Legitimacy

Van Dijk (1998) defines legitimization as a complex social and political function that is practiced mainly through the means of text. Legitimation is a conscious or subconscious process applied by political actors, with the underlying goal of defending opinions and clarifying actions by providing arguments that support their activities, thoughts, processes, etc. (Van Dijk, 1998; Cap, 2008; Reyes, 2011). Also, Suchman (1995) states that “legitimacy is a general-

ized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions” (Suchman, 1995, p. 574), implying that legitimation is not only the goal of the actor, but also a mechanism within the receiver. This is in line with the findings of Rojo and Van Dijk (1997), who state that legitimation is both a top-down as a bottom-up process. The authority -individual or institute- seeks approval of actions by the public, and wants to establish belief in its legitimacy. In response, the public (or dominated group) actively evaluates the presented discourse and either agrees, accepts or resists.

In the construct of policy reforms and transformation of the public system, stakeholders often have conflicting interests. In the interest of carrying out a successful transformation, it is of great importance for the government to convince the majority, or at least gain the support of a significant portion of the parties involved, to get them to cooperate on the transformation (Rein and Schön, 1994). As legitimacy generates a feeling of appropriateness and justice, official authorities use legitimation to attempt to establish trust and with that, win over the stakeholders and the participation of the public (Peters, 1986; Wallner, 2008). On the other hand, less powerful parties may desire to resist the authorities and counter legitimized strategies by delegitimation. Through this bottom-up process, the ‘suppressed’ parties may critique the legitimation and may attempt to get the authorities to act in their best interest (Van Leeuwen, 2007). Whether discourse strategies might be with the goal of legitimizing, or delegitimizing, the approaches are similar. This paper will

therefore use the term ‘legitimation’ for both mechanisms.

2.2.1 The Grammar of Legitimation

To establish legitimation, there exist a variation of strategies. A framework to categorise these mechanisms is proposed by Van Leeuwen and Wodak (1999) and appropriately named the ‘Grammar of Legitimation’. This framework has been extensively studied and confirmed by other scholars and additional research (Fairclough, 2003; Van Leeuwen, 2007; Vaara and Tienar, 2008). The framework distinguishes four major categories; authorisation, rationalisation, moral evaluation, and mythopoesis, each including a number of subcategories. A simplified visual representation of the framework can be found in Figure 1.

Authorisation

Authorisation is legitimation in which something is received to be legitimate because it is stated or confirmed by an authority, and is often articulated in the form of ‘Because the authority says so’ (Van Leeuwen and Wodak, 1999). In this sense, ‘authority’ can be interpreted in several ways, referring to an individual, institute, or even a set of regulations. *Personal* authority is vested in an individual or institution that has a certain status. Although often times, there will be an argumentation given by the authority, there is not necessity for it (Van Leeuwen, 2007). An *impersonal authority* refers to laws or rules that are the norm within that particular setting. Vaara et al. (2006) add to this that ‘the market’ -or better said, the fluctuation in share price- also is a form of an impersonal authority. *Role model* and *expert authority* consider the authority to be an individual

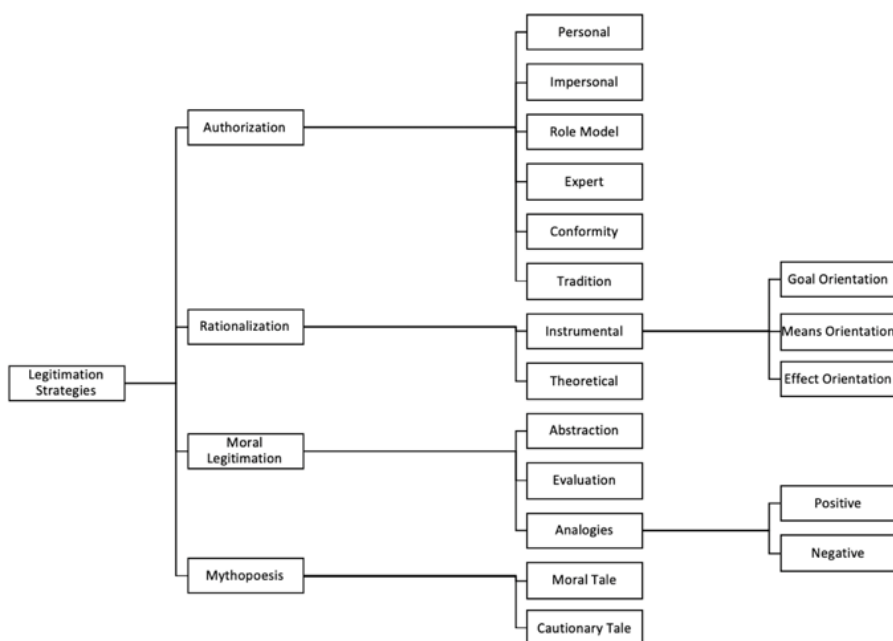


Figure 1: The Grammar of Legitimation, a summary of the work of Van Leeuwen and Wodak (1999)

that has more knowledge about a certain subject or has more experience with it, the individual therefore serves as an example and is trusted in their opinion about the subject. Lastly, conformity and tradition authority are both custom forms of authority and refer to ‘how everybody else does it’ and ‘how it has always been done’, respectively (Van Leeuwen, 2007).

Rationalisation

Rationalisation is legitimation in reference to goals of certain actions based on the knowledge society thinks is relevant in that context, and can be categorized as either instrumental or theoretical legitimation (Van Leeuwen, 2007; Van Leeuwen and Wodak, 1999). In *theoretical rationalisation legitimation*, the legitimation is based on some kind of truth, or the belief that some things are or should be a certain way. A fundament for the legitimation can be common knowledge as well as knowledge created by an expert or expert institute (Van Leeuwen and Wodak, 1999). *Instrumental rationalisation* legitimizes actions in terms of the ends that the actions are trying to accomplish. Instrumental rationalisation can be categorised in consideration to the direction it is oriented in, whether that be a goal orientation (“I do [action] in order to do/be/have [goal]”), a means orientation (“I achieve my [goal], by [action]”) or an effect orientation (“I do [action] to achieve [effect]”) (Van Leeuwen, 2007).

Moral Evaluation

Moral evaluation is legitimation built upon a specific set of moral values and can occur within different domains, e.g. public interest, health and hygiene, and leadership (Fairclough, 2003; Van Leeuwen, 2007; Vaara and Tienar, 2008). This form of legitimation is the most occurring type found within discourses Van Leeuwen and Wodak (1999), entails intrinsic value (Mele and Armengou, 2016) and frequently appears to be an uncomplicated representation of the reality. Van Leeuwen and Wodak describe the mechanism behind moral evaluation as “an activity is referred to be means of an expression that distils from it a quality which links it to a discourse of values (which ‘moralizes’ it) (Van Leeuwen, 2007, p.108). According to Van Leeuwen (2007) it is impossible to distinguish moral evaluations within texts based on linguistics alone, and scholars therefore have to reach into ‘common-sense cultural knowledge’. However, adjectives like ‘healthy’ and ‘normal’ are cues to identify moral evaluations with. Two other forms of legitimation based on morals are abstraction and analogies (Van Leeuwen, 2007). In *abstraction*, one would refer to practices by linking qualities of a specific action to moral values, thereby legitimating the action itself. Using *analogies* (or comparisons), both positive or negative, is last method of moral legitimation.

Mythopoesis

Mythopoesis is derived from the Greek word ‘mýthos’, meaning myth, and is defined as ‘the making of myths’¹, suggesting that a narrative-based strategy should be fictional in order to be classified as mythopoesis. It is a form of legitimation that is established through narratives (Van Leeuwen and Wodak, 1999). There exist two forms of narratives, which can be recognized through the ending of the narratives being happy or unhappy. In both forms, the ‘hero’ of the story go through social practices and are either rewarded for the practice being legitimate, as in a *moral tale*, or punished for the practice being deviant, as in a *cautionary tale* (Van Leeuwen and Wodak, 1999; Van Leeuwen, 2007).

Alternative Frameworks

In literature, there exist also a number of alternatives to the ‘Grammar of Legitimation’, which either differ subtly, or to a larger extent, from the original framework. Vaara et al. (2006), for example, suggest a fifth strategy category: *normalisation*. In their study, they state that “rendering something normal or natural requires special recognition as a specific category of normalisation” (Vaara et al., 2006, p. 13) and this fifth category is, therefore, a combination of the previously described conformity legitimation (a subcategory of Van Leeuwen’s authorisation) and theoretical rationalisation. A second alternative framework was proposed by Reyes (2011). This framework utilizes five different strategies that can be adopted for the process of legitimating and de-legitimizing; appealing to emotions, addressing a hypothetical future, rationalisation (similar to Van Leeuwen’s theoretical rationalisation), authoritative speech (similar to Van Leeuwen’s authorisation), and addressing altruism.

While there is a clear distinction between the various semantic legitimation strategies described, in practice there almost always appears to be a hybrid form of legitimation. Strategies are often used in combination, depending on the actions that need to be legitimated and the individuals or institutes seeking legitimation (Fairclough, 2003; Van Leeuwen, 2007; Reyes, 2011).

2.2.2 Knowledge Boundaries

The term ‘knowledge boundaries’ can be interpreted using the framework that was suggested by Carlile (2004). Carlile has found that, within innovation, boundary dynamics between groups are created by differences in knowledge and interests, dependency of the different parties on one another, and the level of circumstantial novelty. Carlile, therefore, makes a distinction between syntactic, semantic and pragmatic knowledge boundaries, that all have respective methods for managing. *Syntactic boundaries* are

¹Merriam Webster Dictionary - Mythopoesis

characterized by a low novelty and are only dependent on knowledge transfer, meaning that the generation of common lexicon will resolve the difference in information between groups. *Semantic boundaries* refer to boundaries where there is an increase in novelty which beclouds the differences and dependencies at the boundary. Along with knowledge transfer, another mechanism is needed; the translation of knowledge. This entails the recognition of differences in opinions and the translation of the domain-specific knowledge. When novelty increases even more, a *pragmatic boundary* will be the matter, creating a larger gap between groups at both sides of the boundary. Conflicts of interest will come into play and knowledge transformation is necessary, which involves creating common knowledge at the boundary. This, however, brings along costs for all parties, as there is knowledge and gains at stake. When actors have to ‘give up’ certain interests in order to compromise, this will inhibit their willingness to cooperate. A last technique in managing boundary dynamics is repetition. By going through multiple cycles of information sharing and compromising, the whole process will, ultimately, become more natural for all parties and the bandwidth for common knowledge will become larger. In Dutch care system transformation, there exist syntactic, semantic and pragmatic boundaries.

2.3 Conceptual Model

The concepts of legitimation, knowledge boundaries, and power relations are combined using a conceptual model, illustrated by Figure 2. When Youth Care transformation occurs and stakeholders have conflicting interests within that transformation, controversies arise. These need to be overcome to create betterment in Youth Care. Where authoritative players will attempt to legitimize their action, antagonists will attempt to delegitimize the transformation. Furthermore, when stakeholders have come from different backgrounds and have contrasting starting points, there is a likely that knowledge boundaries will emerge. These boundaries contribute to the conflicting interests. The acknowledgement and identification of the existing knowledge boundaries, can

be used as a foundation to determine the appropriate (de)legitimation strategy for all involved parties to get their point across. Both these concepts exist within the present power relations. Power relations can be viewed as the setting for transformation, that define the dependencies between the parties and can provide an explanation for behaviour of them.

3 Methods

3.1 The Case

3.1.1 Youth Care Transformation in the Region of Twente

The transformation of the youth care system in the Netherlands started in February 2014, when the Dutch government passed the bill on the Child and Youth Act. The new law stated that the tendering and the coordination of the youth care processes were to be the responsibility of the municipalities. This was a new construction, since up to that point, the care system was always organised centrally by the twelve provinces. In June of that same year, the local municipalities started the budgeting processes, for which the deadline was in November. The Child and Youth Act, together with a handful of other care laws, was finally implemented on the 1st of January 2015.²

Before 2015, the only responsibilities of the local authorities, considering youth care, were basic care and primary care. According to the Dutch regulations that are set by law, basic care entails education, day-care and sports clubs. Primary care focuses on children’s healthcare, parenting support and consultancy. After the decentralisation, the specific/secondary care was added to this obligation package, which contained mental health care, slight mental impairment, forensic mental health services, child protection, and juvenile rehabilitation.³ The main focus of the transition was to boost preventive measures and early intervention, and stimulate the use of social networks to cutback the necessity of special-

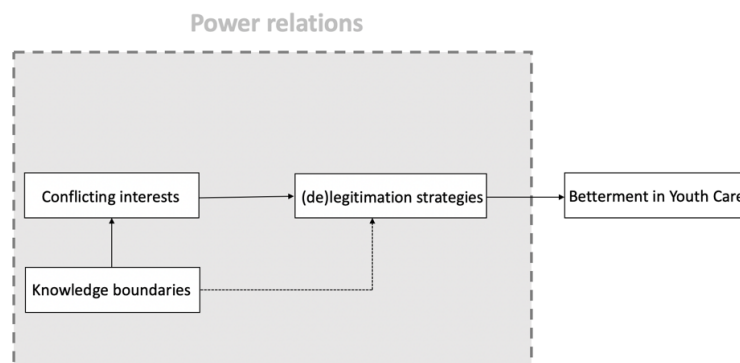


Figure 2: The Grammar of Legitimation, a summary of the work of Van Leeuwen and Wodak (1999)

²Tijdbalk Decentralisatie Sociaal Domein - VNG

³Infographic hervorming zorg en ondersteuning - Vilans

ized care in children and youth.⁴

Even though the transformation and its effects are existing in the entire country of the Netherlands, this article focuses on the transformation processes in the fourteen municipalities of the region of Twente. Reasons for the are the large financial deficits that are present in this region⁵, the breaking up of the region into smaller system alliances⁶.

3.1.2 The Tendering Process

After the transformation in 2015, the NVG (Dutch Association of Municipalities) put out the recommendation to purchase Youth Care via a European tender. The fourteen municipalities of Twente decided on following that advice, meaning that every care provider within the European Union could register for that tender⁸.

Since 2019, the procurement of Youth Care has changed and shifted towards an Open House Model. An Open House Model is not so much of a tender but more of an admission system in which care providers can get contracted if they meet the requirements set by the municipalities. Two of the fourteen municipalities, Hof van Twente and Almelo, have chosen to tender the Youth Care separately from the other twelve. The procurement differs in the requirements package the different municipality collaborations have set.

The tendering process is a recurring theme within media and a frequent subject for critique on the current system. Where there is discussion there are controversies, hence the tendering process was chosen as a main subject for the analysis of (de)legitimation strategies. Moreover, the tendering and contracting of Youth Care is a relatively new field of expertise for the fourteen municipalities of Twente and, therefore, have a high level of novelty, signalling to a likelihood for knowledge boundaries.

3.2 Acquiring Material

Documents and brochures addressing the Child and Youth Act transition were collected from official municipality websites and municipality derived institutes' websites, for example the advisory board. Furthermore, press releases and opinion articles on the subject of the transformation and tenders, published by national and regional media were included. To ensure a complete set of stakeholders' perspectives was covered, interviews were conducted with a representative from an institute for client consultancy, acting as an independent party in conflicts between clients and municipalities and/or care providers, and three (contract)managers of prominent Youth Care providers. Interviews were semi-structured and were accustomed for every interviewee, based on the role that the organisation plays in society. Interviews overall lasted about 30-45 minutes and were mainly conducted face-to-face. In one exception, an interview was performed via telephone. Interviews were recorded for later analysis, with the permission of the interviewees. All terms and condition were submitted to and approved by the Ethics Committee of the University of Twente. Transcripts of the interviews were shared with the respective interviewees for verification. Interviewees had the opportunity to make alterations to the transcripts as they pleased.

3.3 Material Analysis

The analysis of both the empirical and secondary material consisted of three phases. In the first phase, all material was examined to establish an overall view of the situation and to get an initial insight into the different stakeholders and their perspectives. From the acquired material, three major themes emerged as they were recurring subjects within the media or the conducted interviews. These themes were converted into controversies, taking into account the most important positions of all involved parties. The controversies were utilized as a coding system in the second phase, using an open coding-like method.

The second phase, or the first round of coding, involved labelling the documents based on the previously distilled controversies:

1. The existence of market forces within the Youth Care system

⁴Dutch youth care system - Netherlands Youth Institute
⁵Noodkreet Twentse gemeenten: zorg niet meer te betalen - Tubantia
⁶Almelo en Hof van Twente houden eigen aanbesteding - Tubantia and the renewed model that was implemented in 2019 ⁷
⁸Strategisch Inkoopdocument Samen14 (2014)

Data Type	Number of documents	Year
Conducted interviews	4	2019
Regional Media articles	56	2014-2019
National Media articles	19	2016-2019
Critique Journalism articles	6	2016-2019
Dutch Youth Institute Brochures	2	2017-2018
Municipal (and derivatives) documents	32	2017-2019
Other	3	2019

Table 1: Empirical and Secondary Data

- The tendering process based on price rather than quality
 - The obstruction in collaboration between care providers
2. The effects of transformation
 - The reduction of financial deficits vs. the creation of larger financial deficits
 - Transformation vs. stability
 3. The Development towards a Second Transformation
 - Screening the care providers upfront vs. putting trust in care providers

In the last phase and the second round of coding, the material was analysed per controversy. When a document was categorised under more than one controversy, the document was coded several times, each time focusing on the concerning controversy. The coding was performed based on the conceptual model and the following distinction was made:

1. What is the content and extent of the controversy?
2. What are the power relations?
 - Power over
 - Power with
 - Power to
 - Resistance
3. What are the legitimisation strategies?
 - Authorisation
 - Rationalisation
 - Moral legitimisation
 - Mythopoesis
4. How are parties attempting to overcome knowledge boundaries, or lacking this attempt?
 - Syntactic
 - Semantic
 - Pragmatic

During all rounds of coding, quotes were identified to serve as examples of the data that could be included in the paper. The code was converted to text focusing on one controversy at a time.

4 Results

Below, the main results of the conducted results will be elaborated on per controversy. Although all legitimisation strategies described in the 'Grammar of Legitimation' (authorisation, rationalisation, moral evaluation, and mythopoesis) are represented in diverging quantities within the analysed material, only significant patterns will be discussed.

4.1 The Existence of Market Forces within the Youth Care System

The purchasing of care in the region of Twente, currently, is put out to tender via an Open House-model. The rules of this model are, that everybody who wants to participate can register and gets contracted, granted that they meet the requirements package, resulting in a large number of care providers. Since the municipalities establish the tariffs beforehand, market forces emerge between the care providers. Involved parties have diverging opinions on the direction of the impact of these market forces.

4.1.1 Power Relations

The most powerful body in this controversy are the municipalities: they are the party that makes a tender and, therefore, establishes the tariffs. Nonetheless, there are national regulations which standardize the price-per-hour for every treatment. Municipalities have the tendency to undercut the tariffs, which is problematic for larger care providers because they cannot provide care for the set price. This is illustrated by a quote by a representative of a client consultancy institution:

Because of the market forces, the tariff structure that came with that, and the relatively low tariffs, the care providers are getting into difficulties because they cannot close the finance.

Smaller care providers do not have this problem, since they have less costs, like for example overhead costs. The results is a growing percentage of smaller care providers and a plummeting clientele for the larger organisations. Moreover, the municipalities determine the treatment for the clients, and therefore set the boundaries in which the clients can choose their care provider, decreasing the power of the client. In addition, the approval for the treatment also lies with the municipality. Conversations with care providers show that there occasionally appear to be disagreements on the indication. It is suggested that municipalities are in the habit of choosing an indication that requires cheaper care than what care providers consider necessary. Besides trying to convince the municipalities by argumentation, there is nothing the care providers can do, but accepting the terms. To reinforce their position within the discussions, organisations occasionally collaborate to form a power block. When necessary, an independent mediator is called in to moderate negotiations between care providers and municipalities.

4.1.2 Legitimation Strategies

There are several legitimisation strategies used, mainly bottom-up by care providers, to either support or argue the existing situation led by market forces.

There is no evidence of the municipalities trying to legitimize the encouragement of market forces.

The involved organisations have diverging opinions and argumentation is mostly revolved around the organisational level and how the market forces affect the care providers. Remarkable is that more neutral arguments and opinions against the market forces in Youth Care are based on rationalisation and focus on the veracious effects the economic processes has had on organisations. One method of rationalisation is the referral towards a goal. A contract manager for a large care provider stated on collaboration processes:

Most organisation are financially challenged, mainly the larger organisations. Collaborating more means that they will have to cut into their own resources and clientele, which makes it very arduous.

From this quote, the ‘I do [action] in order to do/be/have [goal]’ format, signalling goal oriented rationalisation, is evident. On the other hand, the positively-inclined arguments are found to be dependent on moral legitimation, meaning that these claims concentrate on how things should be. It is remarked by several care providers that the existing market forces provoke a stimulus for quality and force organisations to look at themselves critically in what they can improve or add to their treatment repertoire. A second sub-strategy of moral legitimation, the provision of analogies, can be observed in the following comment made by a manager of a regional provider of mental Youth Care:

In *De Achterhoek* [a region closely located to Twente] the municipalities have executed a similar tendering process, only they have set a maximum per-minute-tariff and have enabled to care providers to offer a lower tariff (to encourage the market forces even more). [...] This did not work out as planned, because every organisation offered the maximum tariff. I feel like the same would happen here in Twente.

Legitimation also presents itself as combinations of the two strategies mentioned above. An example of this hybrid form is illustrated by the following remark by a representative of a large organisation:

Our overhead costs are many times higher than that of smaller organisations. This means that we will never win the competition on price. [...] This is unfair, or at least non-sustainable.

In this quote, ‘unfair’ is a cue referring to moral legitimation and ‘how things are supposed to be’ within the norms and values of a society. The reasoning behind why it is unfair and why the problems

only occur for larger organisations is, however, build by theoretical rationalisation and based on an actual situation.

4.1.3 Knowledge Boundaries

In this controversy, all three levels of boundaries come into play. The presence of a semantic boundary is demonstrated by the lack of field-specific knowledge in municipality. This is supported by several of the interviewees. A representative of a care providing organisation states the following about the transformation in 2015 and the years following the transformation:

What is challenging, is that municipalities were inflicted a task of which they had no knowledge: care and the purchasing of care. They had knowledge of purchasing road etc., but that is different from purchasing care.

This quote also illustrates the use of rationalisation by the care providers as a delegitimation strategy for the decentralisation of responsibility of the Youth Care to the municipalities. The care providers refer to the lacking skill of the municipalities to organize and procure the Youth Care and use it as an argument to show the presence of, and reason behind the existing knowledge boundary. In this way, legitimation strategies are used to point out the presence of a knowledge boundary. This is supported even more by the following quote, where a care provider describes how they support their opinion in discussions with the municipalities:

What you try is do is to use your expertise: in our opinion this care is needed. You try to convince by explaining why that specific care is necessary.

Furthermore, it is observed by the care providers that municipalities often establish treatments and tariffs from a financial point of view, they only want to reimburse for the care that is absolutely necessary. The organisations, on the other hand, rather provide the care package they think is best for the client. The dissidence that emerges, indicates the presence of both syntactic and pragmatic boundaries.

Both parties try to overcome and manage the knowledge boundaries by organizing semi-annual meetings and panels to discuss the pitfalls and improvements within the system and its accompanying regulations.

4.2 The Development towards A Second Transformation

The second controversy regards the initial goals and the final effects of the Youth Care transformation

(2015), as well as the innovation towards a new transformation (2019). The analysed material demonstrates that the intentions of the first transformation: bringing the organisation of care closer to the citizen and economizing in care, have ultimately created large financial deficits in the municipalities who have been made responsible. The reasons for these unexpected effects are the large administrative expenses involved parties have to deal with and the increasing number of indications given.

Furthermore, the interviews show that care providers are burdened with the transformation-urge of the municipalities. After they have had four years to adapt to the new system, 2019 is a development year in which new rules apply and innovations have been introduced; *het Twents Model*. Organisations point out that they crave stability and continuity.

4.2.1 Power Relations

In this situation, the government is the most authoritative player: the Dutch government has designed and implemented the transformation of the Youth Care system, and thereby has put the municipalities in charge of the organisation of the Youth Care on a national scale. Moreover, the government has decided to cut on the budget available for this task. Since the Youth Care is the responsibility of the municipalities, it is their duty to arrange its purchasing. In the region of Twente, a special committee was brought into existence, which regulates the contracting of care providing organisations on behalf of the fourteen municipalities: the OZJT (the Organisation for Care and Youth Aid in Twente). However, the determination of the treatments and the financing remains the responsibility of the municipalities themselves. The OZJT and the large care providers established a ‘power with’ relationship and collaborate on the evaluation of the system. On the basis of meetings and congresses, the OZJT and de municipalities make decision how to move the transformation forward. Despite the fact that they ultimately have to follow what the municipalities lay upon them, the interviews show that care providers have the idea that they are being heard during the evaluation conversations that are taking place, and that their opinions are used for the design of new developments. This is supported by the following quote extracted from one of the interviews:

They [referring to municipalities] do something with what you tell them, so you cannot state that they do not listen. They try to anticipate on that.

4.2.2 Legitimation Strategies

Noticeable is that, within this controversy, different parties appear to be using different legitimation strategies. First, municipalities rely on moral evaluation to legitimize their actions and basis for transformation. The municipalities aspire to improve the

situation through another transformation, in comparison to the previous status. Additionally, the argumentation targets methods in which processes can be ‘better’ and ‘fairer’: municipalities want to focus on prevention because “it is much more important that problems are prevented, rather than that money is invested into care” (stated by a City Councillor in Almelo)⁹; the care has to be organized as closely as possible to the client so that they can continue to live at home¹⁰; and the bureaucracy should be kept at a minimum to give all care providers -even the smaller ones- a fair chance to participate¹¹. All arguments given indicate that the process of moral legitimation is acting and refer to what is socially desirable within the Dutch care system. The following quote hints towards ‘how things should be’:

A large chunk of the work leaks away. We, as municipalities, do not like that¹².

The quote comes from a councillor of one of the fourteen municipalities, Enschede. The quote is a pleading for reducing the administrative pressure. It addresses a socially preferred situation in which work is deployed where it is needed. All moral evaluations of the municipalities have an intrinsic value and ensure that all parties feel understood and supported, and see the reasoning behind the constant innovation and transformation.

Besides argumentation that is based solely on moral evaluation, the municipality utilizes a second strategy to legitimize the continuous transformation: giving examples from the field, like the following description from an information brochure about the *Twents model*, published by OZJT/Samen14:

Milan is born with hydrocephalus. Because of this, Milan has a somewhat different brain composition. This means that he probably has a disorder located somewhere on the autistic spectrum. Milan is 4 years old and sometimes is a toddler going through puberty. What kind of nurturing is Milan needs is sometimes very hard to determine for his mother, this is due to her slight intellectual disability. In addition, mother believes it is important to investigate whether Milan needs treatment: “Milan has to be able to participate in the society, now and later.”

Though it concerns a narrative, this quote cannot be categorized as mythopoesis, as it does not follow the structure of one of the traditional tales. There is no ‘hero’ who has to make a choice with either

⁹VVD Almelo: ‘Geld naar preventie in Twents miljoenenplan jeugdzorg’ - RtvOost

¹⁰Hoe werkt het [Twents Model] - Samen14

¹¹Reactie op artikel Tubantia d.d. 11 mei - Samen14

¹²Wethouder Eerenberg van Enschede wil af van bureaucratie rond jeugd-ggz - RtvOost

positive or negative consequences like in a moral or cautionary tale, respectively. The practical examples that are given, are about a client who is in desperate need of care. This narrative is a field example from the test phase of the *Twents model*, and shows a situation that could not have been resolved within the previous system, but was helped within the new model. The effect the OZJT is trying to achieve, is that the reader starts to recognize that innovation within the care system is necessary to improve the situations clients are in. This strategy can be viewed of as exemplification speaks to the empathy and morality of the reader.

The other players in the field, among who are care providers and client consultation bureaus, primarily base their case on rationalisation. The involved organisations consider the intentions of the municipalities and build their argumentation on events that occurred within the years after the transformation. There are three issues that care providers focus on, which all cascade into large amounts of wasted money. The interviewees brought a clear line of reasoning about the course of events and developments, revealing rationalisation based legitimization. First, the authorities choose to focus on prevention and deploy district coaches that have an understanding of the social structures within a neighbourhood and are therefore able to make an early diagnosis. A manager of a client consultancy institution commented about the effect of the district coaches region-wide:

The moment you are visible within the neighbourhoods and therefore observe the problems yourself, you will get to work on these problems. This has a heightening effect on the questions you will get, meaning that the demand for care will become larger.

Second, involved organisations argue that transformation creates administrative pressure generated by the constant adaptation to new registration methods. As a manager of an organisation for mental healthcare puts it:

What we need is stability, and that we do not have to conduct loads of administrative work in December every year, to convert everyone to a different system, a different product, or another code, this creates agitation. [...] Since the administrative pressure has increased tremendously, we had to expand our administrative department. This is odd, as the goal of the transition was to decrease the administrative burden.

Finally, a great percentage of the budget drawn up for care, is invested into the transformation itself. Processes like setting up the OZJT-committee and bringing in expertise requires capital that, consequently, cannot be spent on the provision of care.

Although the emphasis lies on legitimization through rationalisation, care providers utilize one important analogy, point to the presence of moral evaluation: there is mention, both in an interview as in the media, of the similar transformation that Denmark has undergone. Care providers perceive this transition as successful and remark that the Danish government has expanded the budget, whereas the transformation in the Netherlands was accompanied by a discounted budget and high time pressure. With this analogy, organisations aim to indicate how the Dutch transformation could have been set up to success. In the following quote by a manager of a care provider, exemplification can be observed:

If we look at how they did in in Denmark, they have implemented the same transformation over there, (but it was successful), but there they said: you get and X percentage extra.

4.2.3 Knowledge Boundaries

A significant and evident boundary within this controversy, lays within the fact that municipalities use varying terms and names for the same products and processes. The creation of a common lexicon is therefore challenging and nearly impossible. Organisations have a particular common lexicon with almost every municipalities, resulting in essentially fourteen different vocabularies in the region of Twente alone. This has serious consequences for the administrative costs of the care providers and other organisations, taking up money that they would rather spend on executing care.

There is a considerable increase in novelty, as new regulations are introduced annually, to which all parties must adapt. Consequently, a pragmatic knowledge boundary is created that has to be resolved by frequent consultation and transparency between all parties when innovating towards a new model, implemented in January 2019: *het Twents Model*. To overcome this boundary, OZJT is undertaking activities, as they explain themselves:

For testing [the *Twents Model*], full use was made of all the expertise that we have in Twente. There have been conversations with a selection of citizens, care providers, referrers, colleagues of the municipalities and managers. They have been asked to monitor, test ideas in practice and to share their findings with us. Also, there has been frequent contact with other regions to learn from their experiences with similar methods.

The fact that several stakeholders were asked to monitor and test the ideas in practice, indicates that a rationalisation strategy was used to create common knowledge and overcome the existing boundaries. The information that is shared between the

parties is of a truth (based) nature, as is rationalisation.

4.3 The Effects of Transformation

After the transition of 2015, Samen14/OZJT was made responsible for the purchasing and contracting of care and care providers of the fourteen municipalities in the region of Twente. For the registration, care providers had to fill in a form and meet the requirements established by Samen14. This tendering method had proven to be problematic due the large amount of care providers registering, among which a small number of malicious organisations, as was explained earlier in this paper. Much attention was paid to the subject of malicious organisations, creating public tension around the subject. Samen14 realised change was crucial, leading to a second transformation which has implemented in 2019. For some parts of the new purchasing model, two municipalities have detached themselves from Samen14. A significant component of the new *Twentse Model*, is the Barrier Model (*het Barrière Model*). The model consists out of three phases and aims to reduce, and ultimately prevent, healthcare fraud and enables monitoring of contracted organisations. An overview of the Barrier Model and its structure can be found in Table 2. However, excessive upfront screening, auditing and investigation creates a larger administrative pressure and municipalities value the trust relationship they have built with the organisations they collaborate with.

4.3.1 Power Relation

The only player with ‘power over’ is, in this case, the municipality: the OZJT and municipalities determine the requirements for registration for the tender. Moreover, they also can end contracts with care providers at any time they want, granted they have valid reasons. Whenever there is a disagreement with the municipality that cannot be resolved between them, the other party is obliged to seek legal help. There is evidence of cases in which a client or care provider had to go to court to resolve issues with

the municipality. The other forms of power, ‘power with’ and ‘power to’ are also present in this controversy. ‘Power to’ can be found in the choice for care providers that the citizens have. In this way, clients can exert power and display their discontent with an organisation by ‘steering with their feet’, meaning that they can choose not to accept care and switch to another organisation, but within the framework of contracted care providers determined by the municipalities. ‘Power with’ presents itself in the participation options that the municipalities offer to the involved organisation. However, the municipalities still have the final verdict.

4.3.2 Legitimation Strategies

As was mentioned earlier, the recognition of this controversy is prominent in the public eye, with the media paying attention to the subject and publishing large quantities of news articles on the matter. Increasing evidence of malicious organisations only encourages critics to speak out and share their opinions publicly. The legitimation and delegitimation strategies are, therefore, mostly found on the side of the municipalities and media, respectively.

The occurrence of the legitimation strategies within this strategy follows a similar pattern as the previously described controversy. Municipalities mainly rely on moralisation, rather than the other strategies described by the ‘Grammar of Legitimation’ and emphasize on the reduction of fraud, a socially unaccepted phenomenon. They, furthermore, highlight the importance of monitoring to secure the quality of provided care, which is highly valued within Western countries. On the other hand, municipalities also provide arguments against over-monitoring, utilizing key words like ‘trust’ and ‘immoral to convince the public of their actions. The use of moral evaluation by the municipalities is illustrated by the two quotes below, published in articles about the *Twents Model*, on the website of Samen14.

The vast majority of healthcare providers can be trusted. We do not want these

Phase	Core Activity	Details
1	Screening	Stricter selection requirements Financial health is required Exclusion as a result of fraudulent pasts, poor quality, or ties with motor gangs
2	Pre-monitoring	Estimating the risk of the allowed care providers based on the answers they have given during the registration Analyse the relevant background of the managers
3	Traffic light model	Provided information is set against risk-indicators Care providers are divided into traffic light categories For care providers who score ‘red’ or ‘orange’, additional investigation will be done

Table 2: Design of the Barrier Model

providers -and their clients- to become the victim of a small number of immoral parties.

In Twente, we have more ‘good’ providers than malicious ones. From the standpoint of this reality, we have designed our tender. We want to work together with these providers, that do an excellent job, based on trust.

Similar to the municipalities in the previous controversy, the media introduces practice examples to support the opinion that the tender methods of the municipalities do not offer enough protection for the citizens, meaning exemplification is an important strategy. In 2018 and 2019, a number of organisations have turned out to be malicious, to which the media has paid mass attention. The most extreme examples are: a care agency of which the manager taken a significant proportion of the care budget (and some clients) to the casino ; a care provider lending money to family to pay mortgages, something that is not forbidden by law, but socially unaccepted ; and an organisation whose major part of the provided care was carried out by the manager’s non-certified family members . Further examples contain several organisations with suspiciously high profits and flawed annual reports.

In the analyzed documents, the media and critics that speak their opinions on public platforms, turn less to authorisation, moral evaluation and mythopoesis, but primarily to rationalisation, which is based on investigation and, therefore, truths. A Dutch opinion website, which calls itself ‘a journalistic movement for finding truth in service of society’ has done extensive research into the subject of profits in healthcare. The website composed a case file and that shook up the entire care system as it uncovered in what ways the care system in Twente can be -and has been- taken advantage of by corrupt organisations. Based on the investigations, the website remarks critically:

In particular smaller municipalities face a difficult challenge. Investing in a control body is usually not high on their priority list. Supervising healthcare budgets, therefore, takes a backseat. As a result, community money flows easily into the pockets of shrewd entrepreneurs.

4.3.3 Knowledge Boundaries

In this controversy, again, there is evidence of a lack of knowledge within the municipalities, creating a knowledge boundary on a semantic level. This recurring theme can be explained by the fact that municipalities are relatively inexperienced in the organisation of Youth Care. This lack of knowledge leads to misunderstandings between the municipalities and

care providers from the start. One of the interviewees states:

I have to say, with a number of municipalities I have got the idea that they are not sure what they are talking about. [...] They are involved for a quite some time now, so they have to invest more time into the subject. We invite them, so you can see that the understanding is increasing.

From the citation can be derived that, although there is a clear knowledge boundary, all involved parties show willingness and effort to overcome this boundaries and to create mutual understanding. Interviewees note that there are teams set up to discuss finances, inflow into the care system, and related subjects. Additionally, evaluation of processes and care paths are deliberated in contract meetings and periodic reports. Only after the semantic knowledge boundary is dissolved, the pragmatic boundary can be made visible and be tackled. It is unclear how legitimization strategies come into play to manage and overcome knowledge boundaries within this controversy.

Conclusions & Discussion

This article aims to give insight into how parties, involved in controversies surrounding transformation, legitimize and delegitimize their actions and defend their interests by conducting qualitative research using interviews and public municipality documents, as well as news articles from the regional and national media.

The ‘Grammar of Legitimation’ as proposed by Van Leeuwen and Wodak (1999), was used as a framework to categorize the strategies used by stakeholders to legitimize or delegitimize the municipalities’ actions. Although the provided framework contains four categories, prominent evidence was found of two strategies: moral evaluation and rationalisation. While there are forms of hybrid strategies used by all parties, patterns can be extracted from the findings. First, municipalities appear to turn to moral evaluation more often. An explanation for this might be that municipalities want to gain legitimacy by showing the public that, while the underlying objective may be to cut on budgets, the transformations were designed as preferred by the socially constructed value system. This is in accordance with the procedural legitimization as described by Suchman (1995). The finding that moral evaluation is especially used top-down, from the municipalities to the less powerful players, for legitimizing transformation, is contradictory to the research of Vaara (2014), who found that moral evaluation was primarily used for delegitimation, and to Lefsrud and Meyer (2012) who state that “policy-makers and organisational decision-makers are de-

pendent on scientists and other professional experts to define what evidence is to be seen as relevant and to provide rationales for action” (Lefsrud and Meyer, 2012, p. 1479). Meanwhile, less powerful parties depend on rationalisation to get their point across and use facts and research outcomes to support their critiques and opinion. In the end, however, these facts show that the system is not socially wanted, linking back to moral evaluation. As Van Leeuwen puts it: “No rationalisation can function as legitimisation without it” (referring to moral evaluation) (Van Leeuwen, 2007, p. 100). The findings described are contradictory to the research of Vaara (2014), who found that moral evaluation was primarily used for delegitimation.

This research has revealed that all parties, be it powerful or suppressed, make use of field examples to reinforce their argumentation. Although the examples are primarily presented as a narrative, this method cannot be categorized as mythopoesis, but rather as ‘exemplification’. As was explained previously, the term ‘mythopoesis’ suggests that this narrative-based strategy should be fictional in order to be classified as mythopoesis. As the field examples are authentic cases, a different category is suggested that is already described in literature; exemplification. This article reinforces the findings of Vaara and Monin (2010) by showing evidence of this strategy of establishing legitimization. In their study, it was found that exemplification was used in discourse for legitimizing but not for delegitimizing. The phenomenon was, furthermore, found by Erkama (2010) who describes the phenomenon as an autopoietic narrative. More recently, Peda and Vinnari (2019) classify the use of examples as ‘normalisation’, a strategy that was covered in the theoretical framework of this article. In this study, exemplification is evidently used to evoke a feeling within the reader and demonstrates that there is a need for change. Both positive and negative exemplification were used, meaning that practice examples were applied to illustrate how things should or should not be. Exemplification connects to moralisation as both strategies speak to morality, however, since the structure is significantly different, it was chosen to separate them into two individual strategies.

As for the remaining (de)legitimation strategies; in the end, there was no data suggesting the presence of traditional mythopoesis. A reason for this could be the presence of exemplification which took over the role that traditional mythopoesis has: providing the receiver with a narrative to transfer a message about morality. In the paper by Peled-Elhanan (2010), the presented narratives were based on a true event and contained a clear moral message. The author, however, chose to categorize these stories as mythopoesis. Although authorisation was not significantly present in the acquired material, there were

traces of the strategy. Authorisation was in a few cases utilized by the municipalities, mostly referring to existing regulations imposed by the government or Dutch laws. An explanation for this could be the choice of controversies that are the focus of this paper. Because the conflicts of interest that were analyzed exist between groups with unequal power, it is possible that authorisation is perceived by the ‘suppressed’ parties to have no effect, as the care providers would be referring to the municipalities themselves.

From the part of the research that was dedicated to the analysis of existing knowledge boundaries can be derived that a recurring theme within both media articles and conducted interviews, is the knowledge of the municipalities, or lack thereof. The fact that municipalities gained responsibility for the organisation of the Youth Care, with no more than one year to prepare, is perceived as inconvenient and impractical by other involved parties. Consequently, the high level of novelty creates knowledge boundaries, combined with the conflicts of interests of the municipalities and opposing stakeholders, create knowledge boundaries on all three levels: syntactic, semantic, and pragmatic. To overcome these boundaries, municipalities attempt to involve care providers and other organisations in transformation and developments, through repeated meetings, reports and panels. This is according to the strategies that Carlile (2004) describes for managing knowledge boundaries. As for the combination of specific knowledge boundaries with specific legitimization strategies, it can be stated that there was only found evidence that rationalisation is used to create common knowledge and overcome the boundaries. It is likely to assume that transcripts of meetings or observations of panels can offer a significant amount of additional insight into the specific legitimization strategies as it can show the dynamics between the parties more clearly. This is an opportunity for future research into the combination of legitimization strategies and knowledge boundaries.

Contribution

This research contributes to literature by extending existing knowledge on legitimization strategies within transformation controversies. First, certain legitimization strategies were linked to players characterized by the amount and type of power they are able to exercise. It has been made clear that within the existing power relations, dominated groups have the tendency towards rationalisation, while the dominating group turns to moralisation for legitimization.

As for the practical implications, the discoveries and relationships uncovered by this research can be of value to public policy makers and transformation experts. By extending the knowledge about legiti-

mation strategies within controversies and respective patterns, transformation techniques can be further developed and knowledge boundaries can be managed more effortlessly. Usefulness of legitimacy types may differ per sector, this article offers an insight into the types present and competent within the public care sector. Furthermore, evidence for exemplification as a legitimization strategy was found, supporting previous research.

Limitations and Possibilities

It is plausible that a number of limitations may have influenced the results obtained. To begin with, there is always a possibility for a sample bias, both in the documents that were selected for analysis, as in the organisations that were chosen for the interviews. The documents were selected on the basis of relevance and accessibility. The organisations were picked because they are meaningful for society in the eyes of the researcher. Therefore, no 'smaller' care providers were interviewed. It should be noted that the number of interviews is on the low side and only contracted care providers were approached. The reasons for these selection criteria are mainly because of time constraint. A longitudinal study could resolve most of the error created by the sample bias. Moreover, willingness and availability of the organisations themselves also played a role. Critiques from organisations on the municipalities are scarce and might be slightly dishonest due to the fact that they 'do not want to bite the hand that feeds them'. The municipalities are, in the end, the contractors that put the care providers into employment.

In addition, the research in this paper was conducted by one researcher only. As this is a qualitative study, this means that the findings are likely to be biased because of subjectivity. Unfortunately, there was no possibility of triangulation to increase the validity of coding as well as the interpretations from the codes. The fact that this is a single researcher study, also affects the translations within the research. Since the research was conducted in Dutch, using Dutch documents and communicating with Dutch interviewees, translations had to be made. It is plausible that certain language nuances may be lost in translation.

Besides increasing the validity as was elaborated on above, this paper offers a few opportunities for future research. As the transition is still in play, it would be informative to monitor the adaptation of the stakeholder dynamics within the new *Twents Model* (or even the development towards a third transformation) over a longer period of time. In this way, one can analyse if there is indeed a decrease in knowledge boundaries as the level of novelty decreases, as Carlile (2004) suggests. Furthermore, future research could focus on the quantification of the appearance of the established legitimization strategies.

This will provide a further insight into legitimization and delegitimation within public policy transformation. Lastly, this study was limited to one region within the Netherlands. Upscaling the research on a national or even international level, could offer insights into topographical and cultural differences in legitimization strategies.

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Appendix A - Glossary

Term	Definition
Barrier Model	Important component of the <i>Twents Model</i> that considers the screening of the care providers that are registered for a contract
Child's and Youth Act (2015)	National transformation in which the responsibility for the basic and secondary Youth Care went from the provinces to the municipalities
European Tender	A possibility for all European Institutions to acquire a public contract for a specific assignment
NVG	Dutch Association of Municipalities
Open House-model	tendering system in which (care) providers can register for a contract with a municipality for which a requirements package is in order
OZJT	The Organisation for Care and Youth Aid in Twente
Region of Twente	A region located within the east of the Netherlands, containing fourteen municipalities: Almelo, Borne, Dinkelland, Enschede, Haaksbergen, Hellendoorn, Hengelo, Hof van Twente, Losser, Oldenzaal, Rijssen-Holten; Tubbergen, Twenterand, Wierden
Samen14	The collaboration between the fourteen municipalities of Twente, considering the organisation of Youth Care and Social Support
Twents Model (2019)	Regional transformation in which the procurement of Youth Care has changed and shifted from a European Tender towards an Open House Model
Wmo	Law for Social Support, implemented simultaneously with the Child's and Youth Act in 2015

Appendix B - Footnote URLs

1. https://www.merriam-webster.com/dictionary/mythopoesis?utm_campaign=sdutm_medium=serputm_source=jsonld
2. <https://vng.nl/files/vng/publicaties/2014/201406-tijdbalk-3d-decentralisaties.pdf>
3. <https://www.vilans.nl/producten/infographic-hervormingen-langdurige-zorg>
4. <http://www.youthpolicy.nl/en/Introduction-to-Dutch-youth-policy/Dutch-youth-care-system>
5. https://www.tubantia.nl/regio/noodkreet-twentse-gemeenten-zorg-niet-meer-te-betalen_a4676fc2/
6. https://www.tubantia.nl/regio/waarom-foute-zorgondernemers-door-de-aanbesteding-van-twentse-gemeenten-komen_a7e7809d/
7. <https://www.samen14.nl/twentse+transformatie/twents+model/default.aspx>
8. <https://www.enschede.nl/sites/default/files/Strategisch-Inkoopdocument-Samen-14.pdf>
9. <https://www.rtvoost.nl/nieuws/294372/VVD-Almelo-Geld-naar-preventie-in-Twents-miljoenenplan-jeugdzorg>
10. <https://samen14.nl/voor+aanbieders/hoe+werkt+het/default.aspx>
11. <https://www.samen14.nl/1345707.aspx?t=Reactie+op+artikel+Tubantia+d.d.+11+mei>
12. <https://www.rtvoost.nl/nieuws/279789/Wethouder-Eerenberg-van-Enschede-wil-af-van-bureaucratie-rond-jeugd-ggz>